

233046

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2011 - 444 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) Submitted by: Carolyn Mitchell

Telephone: (843) 662-2902

Address: 400 W. Darlington Street  
Florence, SC 29501

Fax: (843) 662-6964

Other: mitchellsonig194@bellsouth.net

Email: cmitchm27@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
JUL 12 2011  
CLERK'S OFFICE

RECEIVED  
JUL 25 2011  
PSC SC  
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

lod

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 8/10/11

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Mitchell's Unique Taxi & Travel, LLC

400 W. Darlington St., Florence, SC 29501

Street Address of Applicant

400 W. Darlington St., Florence, SC 29501

Mailing Address of Applicant (if different from street address)

(843) 662-2902

Phone

(843) 662-6964

Fax

mitchellsunig194@bellsouth.net

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month 08 Year 2011

**Assets:**

Cash	2500.00
Receivables	19,000
Real Estate	30,000
Buildings and Equipment (Net)	22,054
Motor Vehicles (Net)	99,500
Garage Equipment (Net)	—
Machinery and Tools (Net)	—
Supplies on Hand	2480
Prepays and Other Assets	23,000
<b>Total Assets *</b>	<b>198,607</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	83,012 <sup>00</sup> / <sub>100</sub>
Notes Payable	6200
Mortgages Payable	11,000
Equipment Obligations	1700
Accrued Salaries and Wages	8,000
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	<b>109,912</b>
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	<b>88,695</b>
<b>Total Liabilities and Equity *</b>	<b>198,607</b>

\* Total Assets = Total Liabilities and Equity

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

	Code	Rate
Wheelchair Van (one way) includes the first (5) miles	A0130	\$18.00
Wheelchair Van mileage from mile 6	S0209	\$1.50
Ambulatory (one way) Includes the first (5) miles	A0120	\$8.00
Ambulatory mileage from mile 6 through mile 21	A0215	\$1.35
Ambulatory mileage from mile 22	A0215	\$1.20

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |  |  |  |                                       |
|-------------------------------------|--|--|--|---------------------------------------|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee              | <input checked="" type="checkbox"/> Florence   | <input checked="" type="checkbox"/> Lee      | <input type="checkbox"/> Saluda       |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester               | <input checked="" type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington           | <input type="checkbox"/> Spartanburg  |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield          | <input type="checkbox"/> Greenville            | <input checked="" type="checkbox"/> Marion   | <input type="checkbox"/> Sumter       |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon             | <input type="checkbox"/> Greenwood             | <input checked="" type="checkbox"/> Marlboro | <input type="checkbox"/> Union        |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton              | <input type="checkbox"/> Hampton               | <input type="checkbox"/> McCormick           | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell   | <input checked="" type="checkbox"/> Darlington | <input type="checkbox"/> Horry                 | <input type="checkbox"/> Newberry            | <input type="checkbox"/> York         |
| <input type="checkbox"/> Beaufort   | <input checked="" type="checkbox"/> Dillon     | <input type="checkbox"/> Jasper                | <input type="checkbox"/> Oconee              |                                       |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester            | <input type="checkbox"/> Kershaw               | <input type="checkbox"/> Orangeburg          | <input type="checkbox"/> Statewide    |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield             | <input type="checkbox"/> Lancaster             | <input type="checkbox"/> Pickens             |                                       |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield             | <input type="checkbox"/> Laurens               | <input type="checkbox"/> Richland            |                                       |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver 6

☒ 8-15 Passengers, including driver 1

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
2005	Chevrolet Equinox	1GAHG39U751187141	6321	
2005	Kia Sedona	KNDUP132X567323320	6200	
2002	Ford Windstar	2FMDA51462BB82510	6001	
2005	Chrysler T&L	2C4GP54LX5R284455	4256	
2005	Ford Freestar	2FMDA52205BA52840		
2005	Dodge Caravan	1D4GP24R45B143157		
2001	Mazda MPV	JM3LW28Y810182430	3200	
2005	<del>Kia</del> Kia Sedona	KNDUP132856750105		

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Mitchell's Unique Travel

Name of Applicant

400 W. Darlington Street, Florence, SC 29501

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 17,980.00 (Current Policy Premium For 2010-2011 Policy Term)

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurrence	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

Discover Property & Casualty

Name of Insurance Company

5 Batterson Park, Farmington CT 06032

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10/10/11  
Date

[Signature]  
Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

DEC/16/2010/THU 17:55

P. 005



# CERTIFICATE OF LIABILITY INSURANCE

OP ID:

DATE (MM/DD/YYYY)

12/16/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> National Insurance Services 2700 Cumberland Pkwy, Ste 175 Atlanta, GA 30339 John Varner		800-251-5732 878-896-3401	<b>CONTACT NAME:</b> PHONE (A/C, H/F): FAX (A/C, H/F): EMAIL ADDRESS: PRODUCER: CUSTOMER ID # MITCH03
<b>INSURED:</b> Mitchell Unique Travel LLC Carolyn Mitchell 2834 Whipoorwill Road Effingham, SC 29541		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Discover Property & Casualty INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURANCE	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROS. <input type="checkbox"/> LOC	X	D259P01055	12/11/10	12/11/11	EACH OCCURRENCE \$ 1,000, DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100, MED EXP (Any one person) \$ 5, PERSONAL & ADV INJURY \$ 1,000, GENERAL AGGREGATE \$ 2,000, PRODUCTS - COMPIOP AGG \$ 2,000, \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	D259P01055 <b>DEDUCTIBLES:</b> COMP: \$500 COLL: \$500	12/11/10	12/11/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000, BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ \$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> <b>DEDUCTIBLE</b> <b>RETENTION</b> \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required):  
 Certificate holder is named as additional insured under General and Auto Liability where required by contract signed by an authorized representative of the named insured.

## CERTIFICATE HOLDER

## CANCELLATION

SC Dept of Health & Human Services  
 P.O. Box 8206  
 Columbia, SC 29202

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
 John Varner

**Exhibit Fit, Willing, and Able (FWA)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
U.S.D.O.T No.

\_\_\_\_\_  
ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No



### **Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Carolyn Mitchell  
Applicant's Signature

Dwyer  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Flamenc )

SWORN TO BEFORE ME  
This 21<sup>st</sup> day of Aug., 20 11

Catherine H. McWhorter  
Notary Public

Commission Expires May 12, 2020

2010-12-17 16:00

FROM-DISCOVER REINSURANCE

960-674-8197

T-894 P.002/002 F-286

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with South Carolina Office of Regulatory Staff (herein after called Agency)  
(Name of Agency)

This is to certify that the Discover Property & Casualty Insurance Company  
(herein after called Company) of 385 Washington Street, St. Paul, MN, 55102  
(Home Address of Company)

has issued to CAROLYN MITCHELL DBA MITCHELL'S of 2534 WIPPOORWILL ROAD  
UNIQUE TRAVEL & TOUR EFFINGHAM, SC 29541  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of Insurance effective from 12/11/2010 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned Discover Re  
at 5 Batterson Park Road, Farmington, Ct 06032  
(Address)

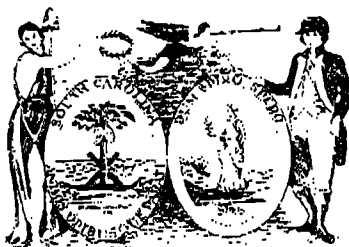
This 17TH Day of DECEMBER 20 10  
(Day) (Month) (Year)

Insurance Company File No. D259P01055  
(Policy No)

Arthur W. Wright  
(Authorized Company Representative)

Underlying Limit: 0 Liability Limit: \$1,000,000

# *The State of South Carolina*



## *Office of Secretary of State Jim Miles* **Certificate of Existence**

**I, Jim Miles, Secretary of State of South Carolina Hereby certify that:**

MITCHELL'S UNIQUE TAX & TRAVEL, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 21st, 2002, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of  
the State of South Carolina this 5th day of  
March, 2002.

A handwritten signature of Jim Miles in black ink, written over a horizontal line.

Jim Miles, Secretary of State